


ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>):			
NAME OF COURT: STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:			
<div style="text-align: center;">DECLARATION</div>			CASE NUMBER:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME)

 _____
 (SIGNATURE OF DECLARANT)

☐ Petitioner/Plaintiff
 ☐ Respondent/Defendant
 ☐ Attorney
☐ Other (*specify*):

(See reverse for a form to be used if this declaration will be attached to another court form before filing)

PLAINTIFF/PETITIONER:	CASE NUMBER:
DEFENDANT/RESPONDENT:	

This form must be attached to another form or court paper before it can be filed in court.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

- ☐ Petitioner/Plaintiff
 ☐ Respondent/Defendant
 ☐ Attorney
☐ Other (*Specify*):

(See reverse for a form to be used if this declaration is not to be attached to another court paper before filing)

[Your Name]
[Your address, telephone and fax numbers]

Petitioner In *Propria Persona*

California Superior Court, _____County

People of California,)	Case No.: [Case number]
)	
Plaintiff,)	
)	
vs.)	Proof of Service
)	
[Defendant's name as it appears)	
)	
in Court records],)	
)	
Defendant)	

1. I am 18 years of age or over and not a party to this action.

2. I personally delivered to the person identified in section 4, below, a copy of all documents checked below:

a. ? Petition by [your name] Requesting Finding of Factual
Innocence and Issuance of Certificate of Identity Theft

b. ? Declaration of _____

c. ? Other (*specify*): _____

3. I gave copies of the documents checked in section 2, above, to the person identified in section 4, below, on:

a. Date: _____

b. Time: _____ ? a.m. ? p.m.

1 c. At this address: _____
2 4. Identity of person to whom documents checked in section 2,
3 above, were delivered:

4 Name: _____

5 Position/Title: _____

6 5. Identity of the Person who served the documents checked in
7 section 2, above:

8 Name: _____

9 Address: _____

10 Telephone: _____

11 (*If you are a process server*):

12 County of registration: _____

13 Registration number: _____

14
15 I declare under penalty of perjury under the laws of the State
16 of California that the information above is true and correct.

17
18 Date: _____

[process server signs above]

[print process server's name]

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<p align="center">PEOPLE OF THE STATE OF CALIFORNIA</p> <p align="center">VS.</p> DEFENDANT:	
CERTIFICATE OF IDENTITY THEFT: JUDICIAL FINDING OF FACTUAL INNOCENCE (Penal Code § 530.6)	CASE NUMBERS:

Warrant No. (if any): _____	Violation Date: _____
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1. Petitioner Information:

Name: _____ Date of Birth: _____
 Sex: ☐ M ☐ F Ht.: _____ Wt.: _____ Hair Color: _____ Eye Color: _____ Race: _____ Age: _____
 Booking No.: _____ Driver's License or Identification No.: _____
 Other Identifying Information: _____

2. The court finds that:

- ☐ Another person was arrested for or convicted of a crime under the identity of the petitioner in this case.
☐ The petitioner's identity has been mistakenly associated with a record of the criminal conviction in this case.
☐ The petitioner is not the person for whom the warrant in this case was issued.

Accordingly, the court finds that the petition is meritorious and that there is no reasonable cause to believe that the petitioner committed the offense in this case, and that the petitioner is factually innocent of that offense.

Date: _____

JUDICIAL OFFICER

<p align="center">CERTIFICATION</p> <div style="border: 1px solid black; width: 150px; height: 100px; margin-bottom: 10px; position: relative;"> (SEAL) </div> <p>I certify that this document is a correct copy of the original on file in my office.</p> <p>Date: _____</p> <p>Clerk, by _____</p> <p align="center">(DEPUTY)</p>	<ol style="list-style-type: none"> 1. The box to the right contains the petitioner's <input type="checkbox"/> right thumbprint <input type="checkbox"/> other print (specify): _____ 2. The print was taken on (date): _____ 3. The print was taken by <ol style="list-style-type: none"> a. Name: _____ b. Position: _____ c. Badge or serial No.: _____ <div style="border: 1px solid black; width: 150px; height: 100px; margin-top: 20px; position: relative;"> <!-- Empty box for print --> </div>
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ANY ALTERATION RENDERS THIS FORM VOID.

IDENTITY THEFT:

Application for Registration as Victim

Complete form carefully and completely. Type or print neatly. All information is **mandatory** unless noted otherwise. If you have any questions, please call toll free: 1 (888) 880-0240.

1. FULL NAME AND MAILING ADDRESS				2. RETURN TO: CALIFORNIA DEPARTMENT OF JUSTICE P.O. BOX 903417 SACRAMENTO CA 94203-4170 ATT: IDENTITY THEFT REGISTRY (G-210)							
3. FINGERPRINTING 9 LiveScan S Date Printed _____ 9 10-Print Card Enclosed											
4. MAIDEN NAME/ALIASES											
5. SEX 9 M 9 F		6. BIRTH DATE		7. HEIGHT		8. WEIGHT		9. EYES		10. HAIR	
11. BIRTHPLACE			12. SOCIAL SECURITY NUMBER (OPTIONAL)			13. DRIVER LICENSE NUMBER					
14. ORDER PURSUANT TO SEC. 530.5(c) P.C. 9 Yes 9 No Court Name / Location Date											
15. ORDER PURSUANT TO SEC. 530.6(b) P.C. 9 Yes 9 No Court Name / Location Date											
16. ORDER OF FACTUAL INNOCENCE—CASE NO. 9 Yes 9 No Court Name / Location Date											
I certify that the information given here is true and accurate and provided to facilitate my entry in the Identity Theft Victim Registry maintained by the California Department of Justice as outlined in California Penal Code section 530.7											
17. SIGNATURE								18. DATE			
19. HOME PHONE ()				20. WORK PHONE ()				21. PASSWORD . 222222222-			
22. QUESTION/ANSWER KNOWN ONLY TO YOU:											
23. DESIGNATED RELEASE AUTHORIZATIONS											
Authorization #1						Authorization #2					
NAME OF COMPANY OR INDIVIDUAL						NAME OF COMPANY OR INDIVIDUAL					
STREET ADDRESS OR PO BOX						STREET ADDRESS OR PO BOX					
CITY, STATE, ZIP						CITY, STATE, ZIP					
CONTACT PERSON PHONE						CONTACT PERSON PHONE					
Authorization #3						Authorization #4					
NAME OF COMPANY OR INDIVIDUAL						NAME OF COMPANY OR INDIVIDUAL					
STREET ADDRESS OR PO BOX						STREET ADDRESS OR PO BOX					
CITY, STATE, ZIP						CITY, STATE, ZIP					
CONTACT PERSON PHONE						CONTACT PERSON PHONE					
DOJ USE ENTRY DATE/ ONLY: INITIALS VERIFICATION DATE/INITIALS											

GUIDELINES FOR COMPLETING IDENTITY THEFT: APPLICATION FOR REGISTRATION AS VICTIM FORM

1. **FULL NAME AND MAILING ADDRESS:** If already filled in by DOJ, proofread this box carefully and make any corrections. "NMI" means "No Middle Name".
2. **RETURN TO:** Already completed by DOJ. Mail completed packet to this address.
3. **FINGERPRINTING:** If you are fingerprinted electronically at a LiveScan site, they will send the information directly to DOJ. Check the "LiveScan" box and write in the date that you were printed. If you are unable to go to a LiveScan site and must be fingerprinted in ink, you must attach the card to this form and check the "10-Print Card Enclosed" box.
4. **MAIDEN NAME/ALIASES:** Please list all names you have used. This includes Maiden Name, former married names, etc.
5. **SEX:** Check box for Male (M) or Female (F).
6. **BIRTHDATE:** Month, Day, Year of your birth.
7. **HEIGHT:** Height in feet and inches to nearest inch.
8. **WEIGHT:** Weight in pounds to nearest whole number.
9. **EYES:** Color of eyes.
10. **HAIR:** Color of hair.
11. **BIRTHPLACE:** If born in the United States, Mexico, or Canada, write in the name of the state or province. If born in a country other than the United States, Mexico, or Canada, write in the name of the country only.
12. **SOCIAL SECURITY NUMBER:** *(Optional)*
13. **DRIVER LICENSE NUMBER:** California Driver License or DMV-issued identification, or Military Driver License.
14. **ORDER PURSUANT TO SECTION 530.5(C) PC:** If you have obtained a court order under this Penal Code section, check the "Yes" box and write in the name of the court and the date of the order. If you have not obtained a court order under this Penal Code section, check the "No" box.
15. **ORDER PURSUANT TO SECTION 530.6 (B) PC:** If you have obtained a court order under this Penal Code Section, check the "Yes" box and write in the name of the court and

the date of the order. If you have not obtained a court order under this Penal Code section, check the “No” box.

16. **ORDER OF FACTUAL INNOCENCE PURSUANT TO SECTION 851.8 PC:** If you have obtained an Order of Factual Innocence, check the “Yes” box and write in the name of the court and the date of the order. If you have not obtained a court order under this Penal Code section, check the “No” box.
17. **SIGNATURE:** Your signature.
18. **DATE:** Date you completed and sent in this form.
19. **HOME PHONE:** Your home phone number including Area Code.
20. **WORK PHONE:** (*Optional*) Your work phone number including Area Code.
21. **PASSWORD:** Password you create to identify you when you contact DOJ in the future to change information or add Designated Release Authorizations. You must use at least six and no more than ten characters - letters and numbers, capitals and lower case. No spaces or special characters (!@#%&*+) are allowed.
22. **QUESTION/ANSWER KNOWN ONLY TO YOU:** Additional verification for DOJ to identify you. You must create a short (no more than 45 characters) question and answer that should only be known to you. For example: “*What is my favorite hobby?*” - “*Snowboarding*” or “*What is my favorite movie?*” - “*BackDraft*”.
23. **DESIGNATED RELEASE AUTHORIZATIONS:** Any company or individual that you designate and authorize the DOJ to verify your registration status as a victim of identity theft in the DOJ data base. DOJ will mail certified letters to you and your designees once you are registered. If you wish to make any changes to your personal data or your designated release authorizations, you may do so at any time by calling or writing to the DOJ. Designees may call to verify your status at any time.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349412 Type of Application: (check one) ☐ Employment ☒ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: VICTIM OF IDENTITY THEFT

Agency Address Set Contributing Agency:

DEPARTMENT OF JUSTICE

Agency authorized to receive criminal history information

06168

Mail Code (five-digit code assigned by DOJ)

P.O. BOX 903417

Street No.

Street or PO Box

COMMAND CENTER

Contact Name (Mandatory for all school submissions)

SACRAMENTO

City

CA

State

94203 - 4170

Zip Code

(916) 227 - 3244

Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

AKA's: _____
Last First

CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female

Misc. No. BIL - NONE
Agency Billing Number (if applicable)

HT: _____ WT: _____

Misc. No. _____

EYE Color: _____ HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: _____

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: N/A
OCA No. (Agency Identifying No.)

Level of Service DOJ ☒ FBI ☐

If resubmission, list Original ATI No. N/A

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

N/A
Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

()
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

GUIDELINES FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

NAME OF APPLICANT: Enter applicant's full name.

AKA'S: Names (if any) the applicant has used.

CDL NO: California Driver's
License Number

DOB: Date of Birth **SEX:** Gender (male or female)

MISC. NO. BIL: ***COMPLETED
BY DOJ.***

HT: Height

WT: Weight

MISC. NO.: Enter other identifying
numbers (e.g. Other State Driver's
License Number)

EYE COLOR: Eye Color **HAIR COLOR:** Hair Color

HOME ADDRESS: Home Address

POB: Place of Birth

SOC: Social Security Number (*optional*)

THE LIVE SCAN OPERATOR WILL COMPLETE THE BOTTOM OF THE FORM AND COMPLETE THE FINGERPRINT PROCESSING. THE OPERATOR WILL KEEP THE ORIGINAL COPY OF THIS FORM AND GIVE THE APPLICANT THE SECOND AND THIRD COPIES. THE APPLICANT WILL RETAIN THE THIRD COPY FOR THEIR PERSONAL RECORDS.

IT IS IMPORTANT THAT THE APPLICANT INCLUDE THE SECOND COPY OF THIS REQUEST FORM WITH THE OTHER REQUIRED/COMPLETED DOCUMENTS OF THE APPLICANT PACKET WHEN MAILING TO THE DEPARTMENT OF JUSTICE.

**PETITION TO SEAL AND DESTROY ARREST RECORDS
PURSUANT TO PENAL CODE SECTION 851.8**

PETITIONER: Please type or print the following information.

Information relating to the arrest:

Name Last	First	Middle		
Maiden or Alias Name	First	Middle		
Street Address		Phone No.		
City, State, Zip Code		Date of Birth		
Driver's License No.		Social Security No. (voluntary—for ID only)		
Date of Arrest	Arresting Agency	Agency Number	Charge(s)	Disposition

Petitioner's

Signature _____ Date _____

TO BE COMPLETED BY LAW ENFORCEMENT AGENCY OR COURT HAVING JURISDICTION OVER THE OFFENSE

I have verified the above information to be accurate.

Signature of Agency Court Officer

_____ Date _____

Agency or Court Name _____ Agency or Case No. _____

Petitioner's CII No. _____ FBI No. _____

Law Enforcement Agency having jurisdiction under Penal Code 851.8(a)

* ☐ Petition Granted
☐ Petition Denied

Signature of Agency

_____ Date _____

Typed Name and Title

Court having jurisdiction under Penal Code 851.8(b), (c), or (d)

* ☐ Petition Granted
☐ Petition Denied

Signature of Judge

_____ Date _____

Typed Name

Waiver: Time restriction on filing is being waived under Penal Code 851.8(l).

Signature of Agency or Judge

_____ Date _____

Typed Name and Title

* Having jurisdiction in the matter, the law enforcement agency or court has determined that the above-named petitioner is **factually innocent** of the arrest indicated and is hereby exonerated. Hereafter, the arrest shall be deemed not to have occurred, and the petitioner may answer any questions relating to this arrest accordingly.

Copies to: Department of Justice
District Attorney
Petitioner

IMPORTANT
*See reverse side for additional information
pertaining to Penal Code Section 851.8*

**PETITION TO SEAL AND DESTROY ARREST RECORDS
PURSUANT TO PENAL CODE SECTION 851.8**

PETITIONER:

Penal Code Section 851.8 provides that a person who has been arrested or detained and is determined to be factually innocent may petition the law enforcement agency or court having jurisdiction over the matter to provide for the sealing and destruction of the record of that arrest. Petitions concerning arrests occurring on or after January 1, 1981, or accusatory pleadings filed on or after January 1, 1981, may be filed for up to two years following the arrest filing date. Until January 1, 1983, petitions can be filed for arrests which occurred or accusatory pleadings which were filed up to five years prior to the statute's effective date of September 29, 1980.

PENAL CODE SECTION 851.8(a) PROVIDES IN PART:

"In any case where a person has been arrested and no accusatory pleading has been filed, the person arrested may petition the law enforcement agency having jurisdiction over the offense to destroy its records of the arrest. A copy of such petition shall be served upon the district attorney of the county having jurisdiction over the offense."

PENAL CODE SECTION 851.8(b) PROVIDES IN PART:

"If, after receipt by both the law enforcement agency and the district attorney of a petition for relief under subdivision (a), the law enforcement agency and district attorney do not respond to the petition by accepting or denying such petition within 60 days after the running of the relevant statute of limitations or within 60 days after receipt of the petition in cases where the statute of limitations has previously lapsed, then the petition shall be deemed to be denied. In any case where the petition of an arrestee to the law enforcement agency to have an arrest record destroyed is denied, petition may be made to the municipal or justice court.* A copy of such petition shall be served on the district attorney of the county having jurisdiction over the offense at least 10 days prior to the hearing thereon."

PENAL CODE SECTION 851.8(c) PROVIDES IN PART:

"In any case where a person has been arrested, and an accusatory pleading has been filed, but where no conviction has occurred, the defendant may, at any time after dismissal of the action, petition the court which dismissed the action for a finding that the defendant is factually innocent of the charges for which the arrest was made. A copy of such petition shall be served on the district attorney of the county in which the accusatory pleading was filed at least 10 days prior to the hearing on the petitioner's factual innocence."

It is the responsibility of the petitioner to submit any declarations, affidavits, police reports or other evidence which may exist to support the petition to appropriate arresting agency or court and to serve a copy of the petition and supporting papers on the district attorney.

** In this case the petitioner shall be responsible for obtaining the original petition from the law enforcement agency and submitting it to the court of jurisdiction.*